

# Wisconsin Department of Safety and Professional Services

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## DIVISION OF INDUSTRY SERVICES

### Body Art Variance Petition

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

<b>PETITIONER NAME</b>			
NAME OF INDIVIDUAL OR ESTABLISHMENT SEEKING VARIANCE:			
AFFECTED ESTABLISHMENT NAME		AFFECTED ESTABLISHMENT LICENSE NUMBER	
AFFECTED ESTABLISHMENT ADDRESS	CITY	STATE	ZIP
<b>VARIANCE REQUEST INFORMATION</b>			
1. <b>Subject/Issue (Explain the specific practice, provision, operation, condition, construction, installation or issue you are requesting be covered with this petition. Please be concise):</b>			
2. <b>State the specific date when you wish this petition to be effective:</b>			
3. <b>Justification (Explain in detail why a variance is being requested. Clearly state why compliance with the code cannot be attained without a variance. Explain the effect(s) of the modification/omission on public health or safety. State your proposed means and rationale of providing an equivalent degree of protection. Include additional pages here if necessary):</b>			
<i><b>Example Justification:</b></i> <i>A variance request is required because SPS 221.14 (2) requires all equipment requiring sterilization to be sterilized in an autoclave onsite. The facility would like to use prepackaged sterile single use equipment instead of sterilizing reusable equipment. Applicant will explain in detail why the use of disposable equipment in their facility is safe and:</i> <ul style="list-style-type: none"><li>• Provide source and storage of prepackaged sterile single-use equipment</li><li>• Maintain invoices for purchased prepackaged sterile equipment which must be available for inspection</li><li>• Provide information on sharps disposal containers including the size and quantity of the containers, procedures performed per month, and the sharps containers' disposal location (hospital, clinic, pharmacy, etc.)</li><li>• Discuss the public health practices utilized for disposable equipment</li></ul>			
<i>The burden of proof for convincing information is the responsibility of the submitter's. Attach all pertinent and representative photographs, sketches, relevant and current documentation, test reports, research articles, expert opinions, previously approved variances, testing certifications, manufacturers' required standards conformance, testimonials/approvals from regulatory officials, etc. specific for your request. If applicable, you must include the official's name(s), titles, agency and relationship to the issue along with their phone number(s) and e-mails. Failure to provide this information, relevant inclusions/requested information in a timely manner is automatically justification for this agency's denial of a petition. Make copies of all submittals. This information will not be returned and will be included in the state record.</i>			
<b>Submit completed application and any supporting documentation to your local Agent Health Department if your local Health Department performs Body Art Inspections. If your local Health Department does not perform Body Art inspections, submit a completed application and any supporting documentation to DSPS at: <a href="mailto:DSPSTattooBodyArt@wisconsin.gov">DSPSTattooBodyArt@wisconsin.gov</a> or Mail request to: DSPS Tattoo Body Art, PO Box 7190, Madison, WI 53707</b> <b>*Final approval must come from DSPS</b>			
The information contained herein is accurate and truthfully representative of the conditions and circumstances relevant to this petition for variance. I understand that any approval from DSPS can be conditional and defined for a limited period of time as experimental or trial only. I understand the consequences of misrepresentation and penalties of perjury and Wis. Stats. Ch. 463.18			
SIGNATURE OF PETITIONER:		PRINT PETITIONER NAME:	

PETITIONER STREET ADDRESS		CITY	STATE	ZIP
PETITIONER PHONE	CELL PHONE	FAX NUMBER	E-MAIL ADDRESS	

<b>AGENT HEALTH DEPARTMENT USE ONLY</b>	
ESTABLISHMENT NAME	
NAME	TITLE
AGENCY/REGIONAL OFFICE	DATE
<input type="checkbox"/> <b>Approve</b> <input type="checkbox"/> <b>Deny</b> <input type="checkbox"/> <b>No Opinion</b>	COMMENTS
OFFICIAL'S SIGNATURE	PRINTED NAME